



To Create a TRAIN Virginia Account

1. Go to <https://va.train.org>

Login Name

Password

LOGIN

☐ Remember My Login Name and Password
[Forgot Your Login Name/Password?](#)

-OR-

CREATE ACCOUNT

To add your course to TRAIN: Become a Course Provider

Select "CREATE
ACCOUNT"

2. Accept the Terms & Conditions

Please read the following TRAIN policies carefully. If you agree to these policies, check the box below to continue with the registration.
Note: You must agree to these policies to be able to access the TRAIN website.

TRAIN Policies

1. [General Policies and Liability Terms](#)
2. [Confidentiality Statement](#)
3. [Learner Rights and Responsibilities](#)
4. [Course Provider Rights and Responsibilities](#)
5. [Definitions](#)

☒ I agree to these TRAIN policies

Next

Cancel

Agree to terms and
select "Next"



Enter Account Information

Required Fields

Login Name *

Password *

Confirm Password *

First Name *

Last Name *

Position Title *

Telephone (daytime) *
Example: (777)777-7777

Email *

Confirm Email *

Organization name *

Department / Division *

Address 1 *

Country *

State / Territory *

City / Township / Town *

Zip code / Postal code *

County *

Please choose your secret question and provide a ONE WORD answer.

Question *

Answer *

Optional Fields

Middle Name

Telephone (evening)

Daytime Extension

Pager

Fax

Mobile

Bureau/ Section

Address 2

- ☒ I would like to receive emails from TRAIN
- ☐ I would like to receive notifications about the site updates by email.

Use the same email listed in VVHS

In the Organization name field, enter Western Tidewater Health Department

In the Department/Division field, enter: EPR/MRC

Select that you would like to receive emails from TRAIN (You will only receive emails related to your courses).

In the Bureau/Section field: enter MRC



Select your location, agency and/or job role

On the next page, you will be asked to select your job role and agency.

Please select from the dropdown menus below your location, agency and/or job role as appropriate.

Select Job Role Select Agency/Industry

The Job Role is asking if you are a certified EMS provider – select the appropriate answer.

In the ‘Select Agency/Industry’ dropdown, please select State Agency. This will then pop-up another box called ‘Select Office or Department.’ Please select Department of Health. Another box will be added called ‘Select Office or Department.’ Please select Virginia Health Districts.

In the ‘Select Agency/Industry’ dropdown, as you select the answers shown below, additional dropdown boxes will appear until you see the screen below. Please select these exact answers in the dropdown boxes!!!

Please select from the dropdown menus below your location, agency and/or job role as appropriate.

Not a Virginia Certified EMS Provider State Agency
Department of Health
Virginia Health Districts
Alexandria Health District
Alexandria City

Please make these exact selections to be able to receive account support from your MRC Coordinator.

Select Western Tidewater Health District and Suffolk City from the dropdown menus.



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Are you a member of the Medical Reserve Corps (MRC)?

☒ Yes

☐ No

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Select "Yes"

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Please select from the dropdown menus below your location, agency and/or job role as appropriate.

Alexandria Medical Reserve Corps

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Select Western Tidewater Medical Reserve Corps from the dropdown menu.